## Foster Family Home - Corrective Action Report

1-110005 Provider ID:

Irene Redoble, CNA **Home Name:** 

Review ID:

1-110005-5

94-352 Kahuahele Street

Reviewer:

Carrie Wakai

Waipahu

HI 96797 Begin Date:

4/11/2018

End Date:

**Foster Family Home** 

**Required Certificate** 

[17-1454-6]

6.(d)(1)Comment: Comply with all applicable requirements in this chapter; and

6.d.1- Home visit made for a 3 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 5/11/18.

3 Person Fire Safety. **Natural Disaster** 

3 Person Fire Safety

[17-1454-45] (3P)

45.(3P)(b)(6)

shall include all SCGs at least once per year

Comment:

45(3P)(b)(6)-No documentation of fire drill conducted by CG#4 in the home's folder.

Carro Waken PN Compliance Manager

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

Irene Redoble, CNA

CCFFH Address: 94-352 Kahuahele Street, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45(3P)(b) (6)	Fire drill scheduled for CG#4 to be conducted on 4/16/18. CG#4 was informed. Fire drill was done by CG#4 and was put. In the binder.	4116118	Primary caregiver now understands that fire drills have to be done by each caregiver at least once a year. I will schedule my caregivers on the home calendar to do a fire drill at least once a year. I will inform them of the schedule at least one week before the date.
p			

Primary Caregiver's Signature	::		<u> </u>
Print Name: Irene Y	Redoble	Date of Signature: Apy	16, 2018